

Medical Education Interest Group Newsletter

Patients as Partners in Medical Education

October, 2019



Notes from Meeting

Thank you to all of those who were able to come to our October Medical Education Interest Group meeting!



Dr Kate Owen launched our year off to a great start, with discussion about the important ways in which we can strategically involve patients in educational processes to enhance student learning. She pointed out that there is great value in not only having students see patients, but having students engage with patients from an early stage in their education.

During her training, Kate recalled that they would be taken around to the patient's bedside and the patient was rarely, if ever, actually spoken to, asked permission from, or involved in the conversation that was taking place about them, in front of them. This led to a question that got us all thinking: how do we socialize and/or introduce our students to the role of doctor so that we are looking at our patients as partners and not looking down at them?

Kate reminded us that being a patient can easily leave an individual feeling disempowered, so training our future doctors to interact with **patients as partners** and to value their contributions is vitally important. She went on to explain that while involving patients in the education of our medical students is key, it can actually be quite challenging. The process can take a lot of time in order to make it meaningful, you have to consider patient safety, and being able to measure the impact of involvement can become quite complicated.

Delightfully, Kate reminded us that there are **more benefits** than challenges when considering the involvement of patients in medical education. Benefits include:

1. Patient involvement helps students learn (<http://www.healthtalk.org/learning-teaching>)
2. Patient involvement improves student empathy and understanding (Jha et al, 2015)
3. Patients teach clinical skills as well as teachers (Henriksen & Ringsted, 2014)
4. Expert patients can lead teaching and development delivery (Towle & Godolphin, 2013; Owen & Reay, 2004)
5. Patient feedback is reliable, and gives students something different (McLaughlin et al, 2006)
6. Patient involvement benefits patients too (self- esteem, feeling useful, making a statement about their importance)

Kate directed us to a very helpful website <http://healthtalk.org/> that has numerous patient experience videos, and clips. This website offers an accessible and simple way to integrate more of the patient's voice into our teaching and training. It was a thought-provoking session, one which inspired many of us to think about how to actively adjust our teaching sessions to include more of the patient voice!

Slides can be found here:

<https://www.dropbox.com/s/d1oin41wrihghfs/Owen%20Slides%20Oct%202019.pdf?dl=0>

Upcoming Events

Next meeting:

Wednesday 27th November

13:00 - MTC 108/110

Dr. Madhu Rangaraju

"Drawing to Learn: A FY2's Perspective"

Quote of the Month:

"This is the basic human story. We are all on the same journey. Every one of us will suffer—there's no way around it. The crucial question is not how to avoid suffering, it's how we move through it."

-Samuel Shem

Research Article Spotlight:

Allowing failure for educational purposes in postgraduate training: A narrative review.

Klasen & Lingard,
Medical Teacher (2019),
41:11